

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

April, 2017 - 9:30 am to 2:30 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Jody Eaton
Lynn Grobe
Kathryn Johnson
Betty King
Sharon Lambert
Geoff Lauer

Brett McLain
John Parmeter
Rebecca Peterson
Patrick Schmitz
Rebecca Schmitz
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Marsha Edgington
Representative David Heaton

Senator Liz Mathis
Representative Scott Ourth
Michael Polich

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Nicole Beaman	Orchard Place
Teresa Bomhoff	NAMI Greater Des Moines/Mental Health Planning Council
Jill Cook	Amerigroup
Deb Dixon	Iowa Department of Inspections and Appeals
Jim Donoghue	Iowa Department of Education
Jean Drey	Seasons Center for Behavioral Health
Christie Gerken	Iowa Advocates for Mental Health Recovery
Natalie Koerber	Amerigroup
Jean McAleer	YSS
Cheryl Plank	Tenco Inc.
Ellen Ritter	Heart of Iowa MHDS Region
Peter Schumacher	MHDS, Community Services & Planning/CDD
Kim Scorza	Seasons Center for Behavioral Health
Anne Starr	Orchard Place

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:45 am and led introductions. Quorum was established with eleven members present and one participating by phone. No conflicts of interest were identified.

Approval of Minutes

Lynn Grobe made a motion to approve the March 16, 2017 meeting minutes as presented. Kathy Johnson seconded the motion. The motion passed unanimously.

Consider Adoption of Administrative Rules regarding the Autism Support Program and Mental Health Crisis Services – Theresa Armstrong

Theresa Armstrong said the rules for the Autism Support Program was simply a technical correction, and there were no comments on that change. The other amendment was on minimum requirements for mental health crisis staff, and the Department received comments from four respondents.

One comment suggested reducing the experience requirement for a candidate with a bachelor's degree from two years to one, and another suggested reducing the experience requirement for a candidate with a bachelor's degree in a human services field from one year to none. Theresa said that in the work the Department did with the Commission committee, they felt it was important to have a combination of education and experience in these positions. The Department made no changes in response to these comments.

There was one comment suggesting the Department allow experience in behavioral and mental health include work with individuals with autism spectrum disorder. Theresa answered that if a candidate only had experience with individuals with autism, then they may not have the necessary tools to work in mental health crisis services. The Department made no changes in response to these comments.

The last comment was regarding the capacity of mental health crisis service providers. Theresa said there is a limit of sixteen beds places on mental health crisis service providers in another section of the rules. Theresa said they did not make any changes since this was a very different suggestion to what had been noticed.

Kathy asked if the year of experience had to be fulltime. Theresa answered that that was the expectation, and part time experience could be counted as a percentage of fulltime experience.

Tom Bouska made a motion to adopt the rules as presented. Brett McLain seconded the motion. The motion passed unanimously.

Children's Mental Health Crisis Programs – Kim Scorza, Jean Drey, Jean McAleer, and Nicole Beaman

The presenters introduced themselves and thanked the Commission for the opportunity to speak. Jean Drey presented a PowerPoint Presentation on Seasons Center's children's mental health crisis program.

Jean McAleer from YSS and Francis Lauer spoke about the Mason City area and the need for children's mental health services. Jean explained that YSS started as a child welfare agency, but for the last five years, they have been working to support children with mental health needs and their families. They have been using their shelter as a place to help children transition from the hospital back to their homes.

Currently, Francis Lauer and YSS have been expanding to serve more children between twelve and seventeen years old in more counties. Jean said they will have a family shelter where children younger than twelve years old can stay with their families. Jean emphasized the importance of “parenting the parents” and supporting the whole family. The children’s model is still in development, but they are planning it very carefully.

Jen Sheehan spoke about the Regional support to braid funding until Medicaid is available. Jean McAleer said in-home are the most helpful services for families, and that they would not be possible without support from the Regions.

YSS has also been receiving support from the University of Northern Iowa (UNI) and they would like to conduct a long term longitudinal study of the children supported by this program.

Geoff Lauer asked which part of UNI is involved. Jean answered the Center for Social Services is assisting with the crisis programs.

Nicole Beaman from Orchard Place said that a few months ago, Orchard Place was on a call with Seasons Center and YSS, and realized they all had the same goals, and working to do the same things even though they were in very different communities spread out across the state.

Nicole said if your child breaks his or her arm, the parents know where to go. If your child has mental health needs, parents may not necessarily see it, and they may not necessarily know how to proceed.

Orchard Place had a network of more than forty organizations involved in their program from providers, to Medicaid MCOs, to schools, to juvenile justice, etc. and worked to address crises quickly so they can work with families to find the triggers of those crises.

Polk County does have mental health crisis services for adults, but those services work differently than services for children and families would need to work. If a family has multiple children, they cannot always leave a child at home, so the crisis response team needs to be able to come to their home.

Kathy Johnson asked about the inclusion of peers for a warm line service. Kim Scorza answered that they have a twenty-four hour “talk line” that has been very effective. This allows families to call and talk about their kids, and sometimes that can be preventive. Jean Drey said they have been collecting data, and help line calls have gone down as talk line calls have gone up.

Kim Scorza spoke about the therapeutic camp that Seasons Center is starting. Many families are at their breaking point and need respite. This camp will provide intensive therapy in a camp environment to provide relief for the family.

Jean McAleer spoke about therapeutic classrooms. YSS has been working to develop therapeutic classrooms to help children transition back into the community and into schools so as not to overstimulate them. Therapeutic classrooms have also been used to divert children from shelter services. Jean said the schools have been very supportive in Mason City.

Nicole Beaman said that many schools have therapists in the building, and are looking to have therapeutic classrooms as a pilot next year.

Kim Scorza said Seasons Center has partnered with Prairie Lakes Area Education Agency (AEA) to have a therapeutic classroom for children in several school districts who are at risk for placement in a Psychiatric Mental Institution for Children (PMIC). Kim said while it is difficult to provide these services in a rural area, it has been beneficial.

Jen Sheehan said all the reports do a good job of meshing services that children need and breaking down siloes.

MHDS Update – Theresa Armstrong

Theresa spoke about legislation from the Legislative Session.

One bill required private health insurers to cover applied behavior analysis services for children up to age nineteen. This would apply to all private insurance plans subject to state law, but large self-insured companies which are governed by federal law.

HF 593 is a bill that allows mental health professionals to perform assessments for mental health and substance use disorder commitments. This was passed on the recommendation of Director Palmer and the Iowa Hospital Association.

HF 234 is a bill regarding reports from judicial mental health advocates. These advocates used to be employees of the courts, and therefore had to report the hours they worked to the courts in order to be paid. Now, advocates are employees of counties, so this bill removes the requirement for them to regularly report their hours to a court. Instead, they will be required to submit these reports when requested by a judge.

HF 653 is the Health and Human Services Appropriation bill. Theresa said there is a reduction of \$1.5 million from the money appropriated in State Fiscal Year (SFY) 2018.

Theresa said Medicaid MCOs will be directed to work with a national organization to expand Assertive Community Treatment (ACT) in Iowa. Iowa already has a small number of programs operating. There is also a clause encouraging MCOs to focus on community treatment rather than residential care.

Theresa said the Autism Support program will be funded at \$950,000 for the next year. For the last several years, the program was funded at \$2 million, however the

Department has never spent more than \$500,000 or so. There is also money to assist Drake University in their development of an Applied Behavioral Analysis (ABA) program.

Theresa said Iowa's Systems of Care programs received the same funding they have in years past. There is also funding for the University of Iowa Center for Disabilities and Development (CDD) to help individuals transition out of State Resource Centers (SRC) and into the community. This funding is to support services that are not covered by Money Follows the Person (MFP).

Theresa spoke about the Children's Mental Health and Well-Being Workgroup that has met over the last two years. This last year, the Workgroup recommended funding for "Children's Wellbeing Collaboratives" which would focus on preventive care for children and families. HF 653 would provide \$300,000 for the development of these collaboratives which would consist of a lead entity and several partners from mental health, child welfare, courts, schools, public health, or any other partners the collaborative wants to include to address all the needs of a child and family. There is also language to continue a Children's Mental Health Advisory Committee.

There is a portion of HF 653 that would require hospitals to update the inpatient bed-tracking system at least twice a day, and now the system would include gender as part of the searchable criteria. This change would require amendments to Medicaid rules.

The Department is working on tiered rates for the Intellectual Disability (ID) Waiver. The Department has been given emergency rule-making authority to implement these tiered rates. There has been discussion for several months on tying reimbursement to the needs of the individual being served.

HF 653 is also instructing the Department to make a specific change to Chapter 24.4, which is on social histories and assessments. The amendment is to allow providers to utilize check-boxes instead of a narrative format for these histories. Currently, providers may use check-boxes, but only if they are supplemented with a narrative.

Kathy asked about standardized assessment tools. Theresa answered that Medicaid has been moving toward standardized assessment tools such as the Supports Intensity Scale (SIS) and InterRAI. There is funding for the continuation of those efforts.

SF 504 and HF 560 are companion bills on the MHDS Levy. These bills would instruct regions to take their constituent counties' current levy caps, and average them (weighted by population) to determine a new region-wide cap. Any counties with levies over that cap would be required to reduce their levy. Counties under the new cap may increase their levy, but are not required to. Theresa said there is also a requirement that Regions will also be required to reduce their fund balances over the next three years. Regions can maintain a balance of 25% of their last year's expenditures for cashflow, and anything beyond that must be utilized for services. After 2022, Regions with over 100,000 people can maintain a balance of 20% or less.

Kathy Johnson asked how Regions would be affected. Jody Eaton said Central Iowa Community Services had planned to spend down its balance anyway, but they have concerns after the three years because they planned to expand services. Other regions do not have substantial fund balances. Jen Sheehan said County Social Services was in a similar place. Theresa said most Regions have fund balances, but things will have to change long term as Medicaid MCOs will have to pay for crisis services and other efficiencies will be found.

Geoff Lauer asked if these changes would affect the overall amount of money in the system. Theresa said overall, there would be an increase, but some Regions would go up and others would go down. Jody Eaton said counties are very wary of dramatic changes in tax rates.

Theresa said the Department will have a workgroup to discuss how to address the needs of individuals who are difficult to serve in the community. The workgroup will have a diverse group of stakeholders, and submit a report in December. Regions will have similar workgroups to discuss their plans on a local level.

Becky Schmitz asked about the status of the section of the Mental Health Advocate Rules that was put on a session delay. Theresa answered that they will go into effect at the end of the Legislative Session if no action is taken.

Recognition of Outgoing Commission Members

Patrick Schmitz thanked Lynn Grobe for his six years of service on the MHDS Commission. Lynn thanked the Commission for their work and wished them the best in the future.

The Commission took a break for lunch at 12:05 pm

The Commission Returned at 1:28 pm

Election of Commission Officers

Patrick Schmitz informed the Commission that he had accepted a position as CEO of Bert Nash Community Mental Health Center in Lawrence Kansas, and would need to resign from the MHDS Commission.

Jen Sheehan said the Nominations Committee had met by phone, and recommended John Parmeter be elected Chair, and Marsha Edgington be elected Vice Chair.

Jen Sheehan made a motion to elect John Parmeter Chair and Marsha Edgington Vice Chair. Tom Bouska seconded the motion. The motion passed unanimously.

Brain Injury Initiative – Maggie Ferguson

Maggie introduced herself, and said she staffs the Advisory Council on Brain Injury through the Department of Public Health (IDPH), manages the state appropriated

dollars that fund the brain injury services program, and manages a federal grant that funds Traumatic Brain Injury (TBI) implementation.

Maggie said the Advisory Council provides input on the program, develops the State Plan on Brain Injuries based on needs assessments done by the Brain Injury Alliance and the Iowa Association of Community Providers. The Advisory Council is composed of professionals, survivors of brain injury, and other stakeholders.

Maggie said the state dollars are used for resource facilitation and training. Resource facilitation is similar to case management in certain ways. It is a service that helps people navigate the system and make contacts with resources to support their care. Geoff Lauer said he has a staff devoted to fielding calls from brain injury survivors and their families helping them to make connections with resources. Some calls are short and simple questions, and others are more complicated.

Maggie spoke about the federal grant Iowa receives from the Association for Community Living (ACL). The grant used to be issued by the Health Resources and Services Administration (HRSA), but was transitioned. The grant is to increase access to services eliminate barriers to services, use of information and referral, resource facilitation, screening and assessment, and professional training. Maggie said the current grant is in its fourth and final year, so next year they will have the opportunity to apply for a new grant.

Maggie explained that individuals with brain injuries are more likely to interact with the corrections system, and therefore, IDPH is working with corrections to identify individuals with brain injuries and connect them with services.

Sharon Lambert asked how IDPH or Corrections would identify these individuals. Maggie answered that there are screening tools, and some individuals have already been screened and identified.

Jen Sheehan asked if schools are able to use an assessment to determine if a student is eligible to participate in school sports. Maggie answered there is not a standard. There is a screening called Impact, but the assessment is more focused towards “return to learn” rather than “return to play.”

Maggie said there is a national certification for brain injury specialists. Patrick Schmitz asked if there is an education requirement for the certification. Maggie answered that there is not a requirement for a degree, but there are requirements for experience and a course with a final exam.

Geoff Lauer said in 2009, Representative Heddens requested information on how many Iowans with brain injuries were being served out of state, and at what cost. The answer was forty people at a cost of approximately \$12 million per year. Geoff said now there are approximately eight providers of brain injury services in Iowa that provide assistance on basic daily living skills and individualized recovery support.

Sharon Lambert asked if brain injury symptoms tend to be consistent. Geof Lauer answered that they vary from person to person. Some are continuous, some are progressive, and some come and go.

Planning for May Meetings

Peter Schumacher explained that there are two meetings for the Commission in May. The first one is a half-day joint meeting on May 17th with the Mental Health Planning Council. At this meeting, the groups will update each other on their activities over the last year, and discuss the similarities in their missions, as well as hear from the Developmental Disabilities Council and Legislators who are able to come. Teresa Bomhoff, Chair of the Mental Health Planning Council, requested presentations on MHDS Regions' development of services, and Veteran-directed home and community-based services.

The second meeting is on May 18th, and will serve as an orientation for new members, and a refresher for returning members on the administrative rule-making process, conflicts of interest, and the Commission's duties.

Public comment

There was no public comment.

The meeting was adjourned at 2:36 pm.

Minutes respectfully submitted by Peter Schumacher.